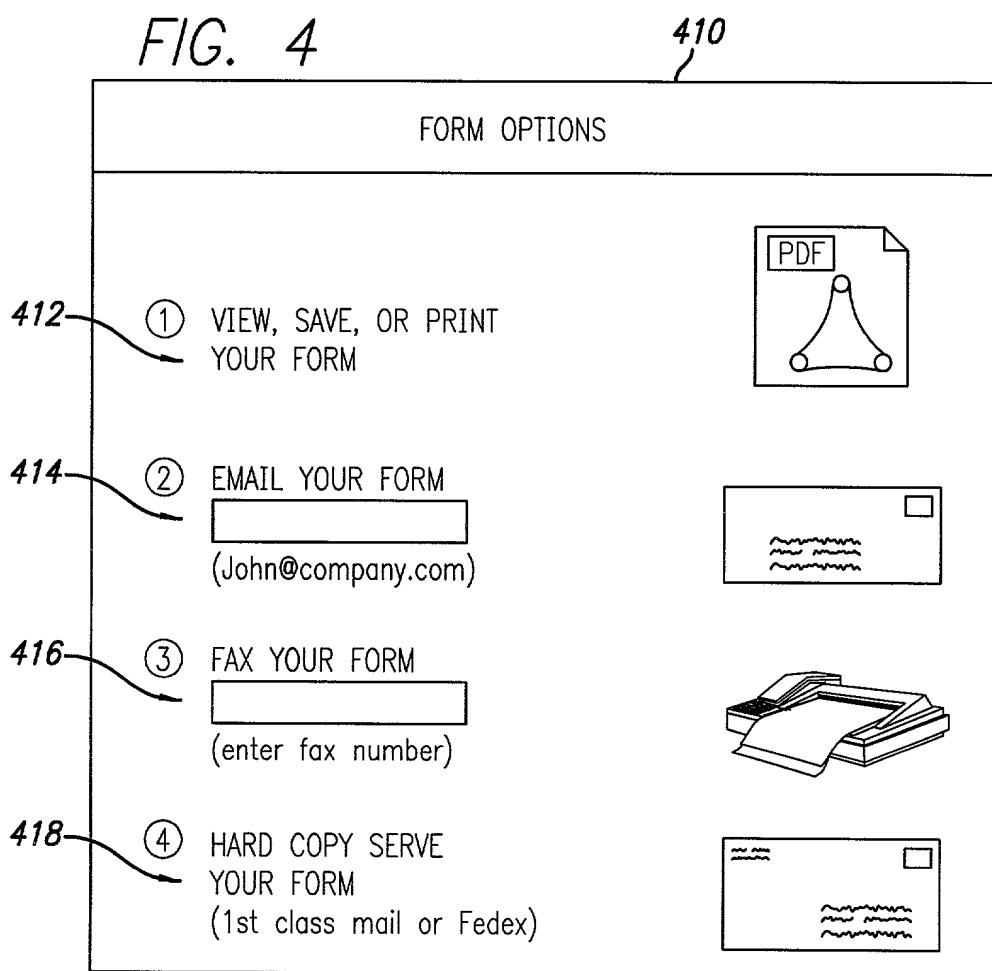


FIG. 4



210

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION APPEALS BOARD

ARBITRATION SUBMITTAL FORM

212

214a
INJURED WORKER

214b
DATE OF INJURY

214c
DATE OF BIRTH

214d
ATTORNEY FOR INJURED WORKER

214e
EMPLOYER

214f
INSURANCE CARRIER

214g
ADDRESS

214h
SOCIAL SECURITY NUMBER

214i
ADDRESS

214j
ADDRESS

214k
ADDRESS WHERE CLAIM
ADMINISTERED

FIG. 2

210

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION APPEALS BOARD

ARBITRATION SUBMITTAL FORM

Joe Smith 314a
INJURED WORKER

6/1/01 314b
DATE OF INJURY

9/1/55 314c
DATE OF BIRTH

David DePaolo 314d
ATTORNEY FOR INJURED WORKER

ABC Incorporated 314e
EMPLOYER

Aetna 314f
INSURANCE CARRIER

447 Brick Street 314g
ADDRESS

999-99-9999 314h
SOCIAL SECURITY NUMBER

123 Filmore Street 314i
ADDRESS

123 Beacon Street 314j
ADDRESS

Los Angeles, CA 314k
ADDRESS WHERE CLAIM
ADMINISTERED

FIG. 3

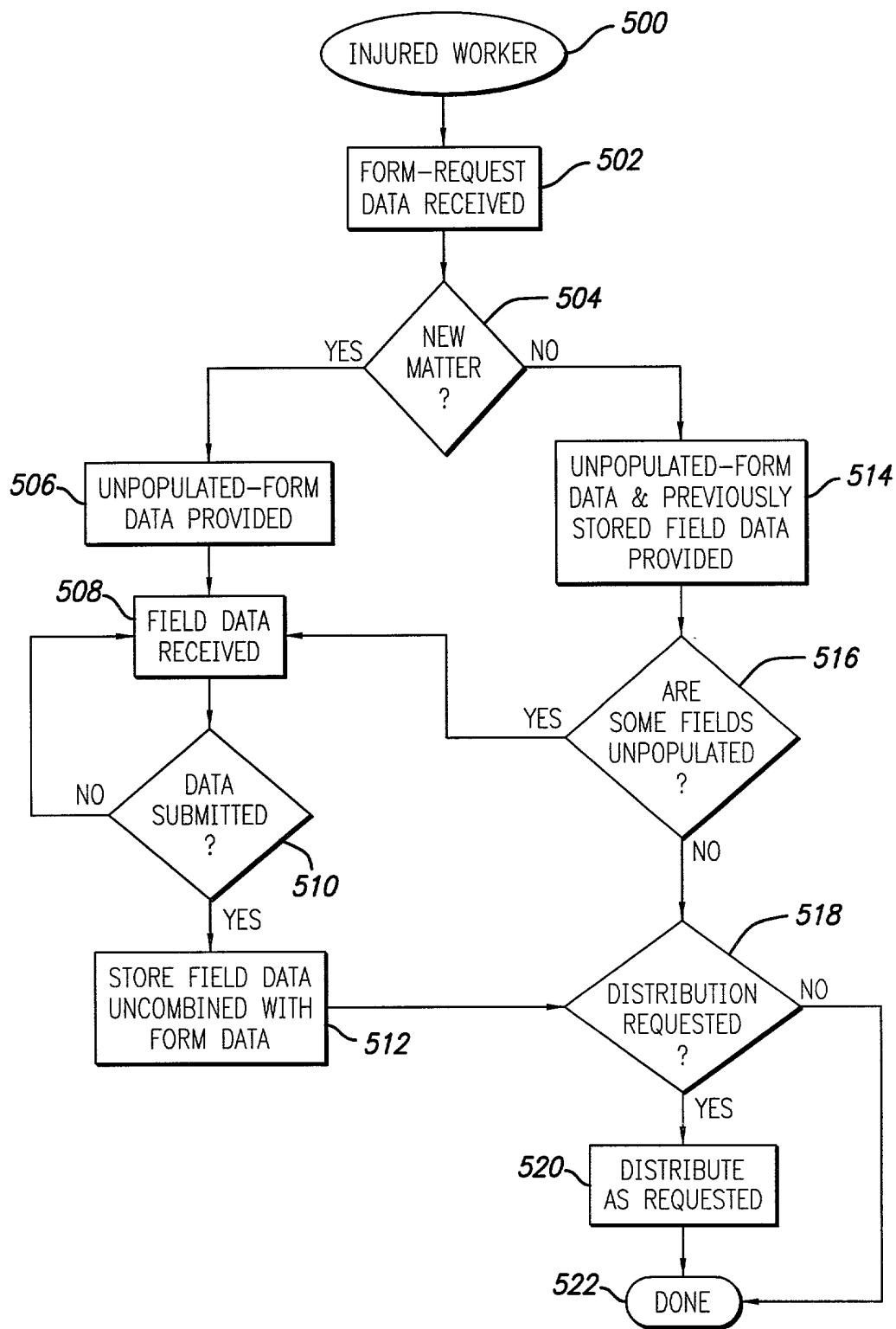


FIG. 5

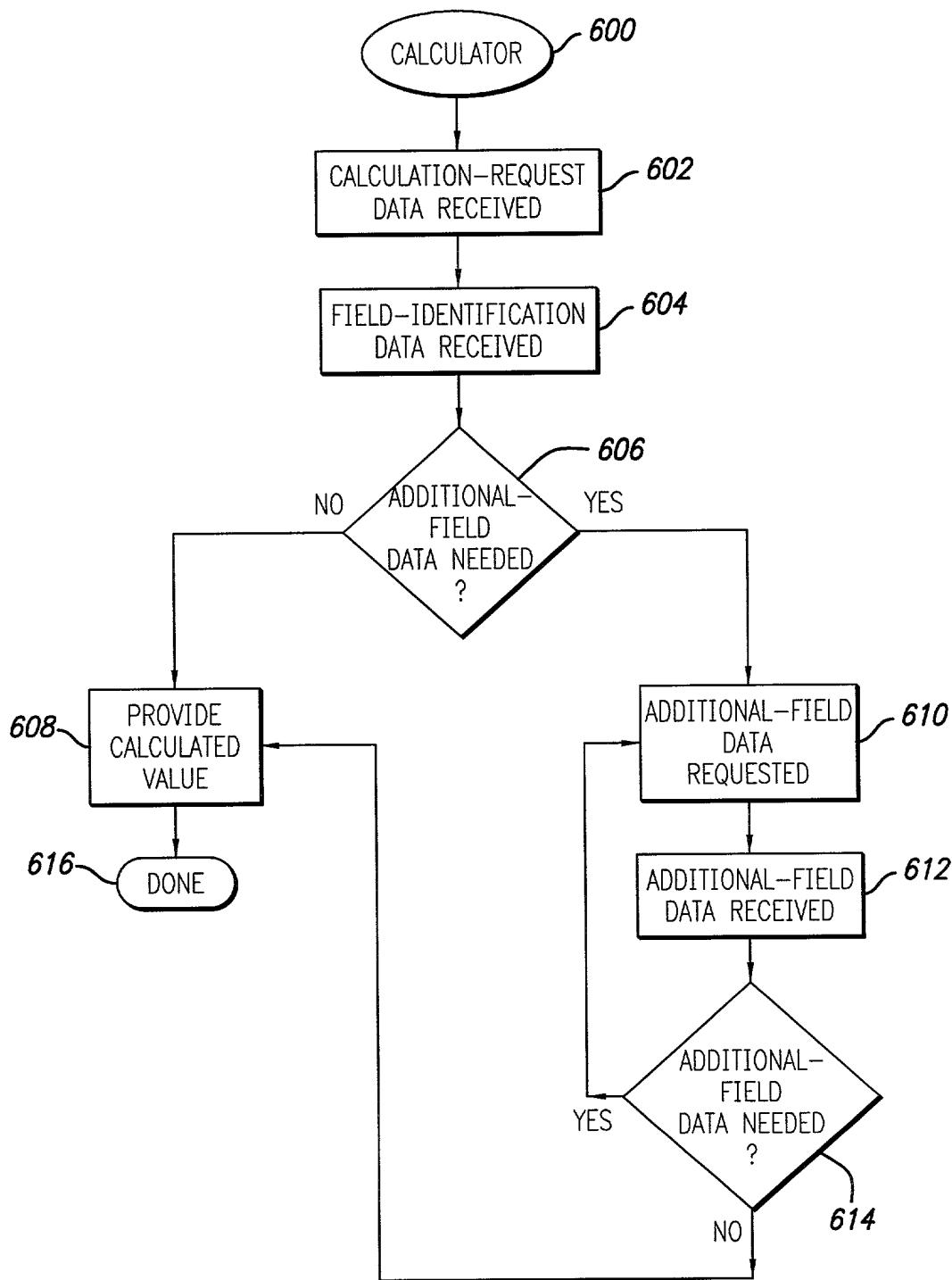


FIG. 6